

Essie Bell

Town

County

Died at

Near Pomeroy

C. L.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 8

Age 20-

D.C.

House work

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Not known

Mother's

Name

Mary Bell

Cause of

Primary

Phthisis

27

How long sick

4 years

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. W. Mitchell M.D.

Address

Pomeroy, W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Edward Edeley Burch Jr
 Town Port Tobacco County Charles MARYLAND
 Died at
 Date 1902 Aug. 7 Age 9 days - Ma
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of
 Wife
 Father's Name Edward E Burch Jr Mother's Maiden Name Mary Sliving Kelly
 Cause of Death { Primary Natural Causes How long sick 2 days.
 Immediate Accident, Suicide, Homicide
 Reported by Elizabeth Green 15
 Address Port Tobacco Rev. R. F. F. F. S. J. - Pastor -
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Reprinted by

W. F. Brown

St. Louis

Name in Full

Certificate of Death

Lucy Bush

Town

County

Died at

Faulkner

Charles

MARYLAND

Date 1902 Aug 9 Age 40 - - Native of Md Occupation Wife
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name

James Bush 103
 — Clarke Maiden Name Mother's Malinda Bush

Cause of

Primary

Gastric ulcer

How long sick

3 mos

Death

Immediate

Perforation

Accident, Suicide, Homicide

Reported by

C. L. Cecil M.D.

Address

Newport

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full		Rachael J. Compton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		County		MARYLAND	
		Town		Chesles			
		Date of death 1902	Month	Day	Years	Months	Days
			Aug	26	73	6	
		Sex	Female	Color or Race	White	Birth-place	D.C.
		Married, Single or Widowed	Widow	Occupation	Housewife		
		Name of Wife or Husband	Phil H. Compton M.D.				
		Father's Name	Rich. Dement			Father's Birthplace	Ind.
Mother's Maiden Name	Sarah Asberry			Mother's Birthplace	Va.		
Name of person giving information	Rachael H. Compton			How related to deceased	Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Phthisis Pulm - 27		How long	12 months
		Immediate				How long	1
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. W. Mitchell	
		Yes -		Address		Pomunkey Ind.	
Accident or Suicide?							



Name in Full

Certificate of Death

Mary Lray (Infant 7 days old)

Town

County

MARYLAND

Died at Mar Ridge

Charles

Date 189 2 Aug 15th Y. — M. — D. — Native of md Occupation —

Male — White — Married — Widowed — Divorced —

Female — Colored — Single — Widower — Number of children living —

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Immediate

J. P. Lray Effie Lray

~~Disseminated~~ ^{resant} ~~obstructed~~
 Circulation

How long sick

Accident, Suicide, Homicide

Reported by

Address

S. H. Speake Md
Lrayton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elijah Hawkins

CERTIFICATE OF DEATH

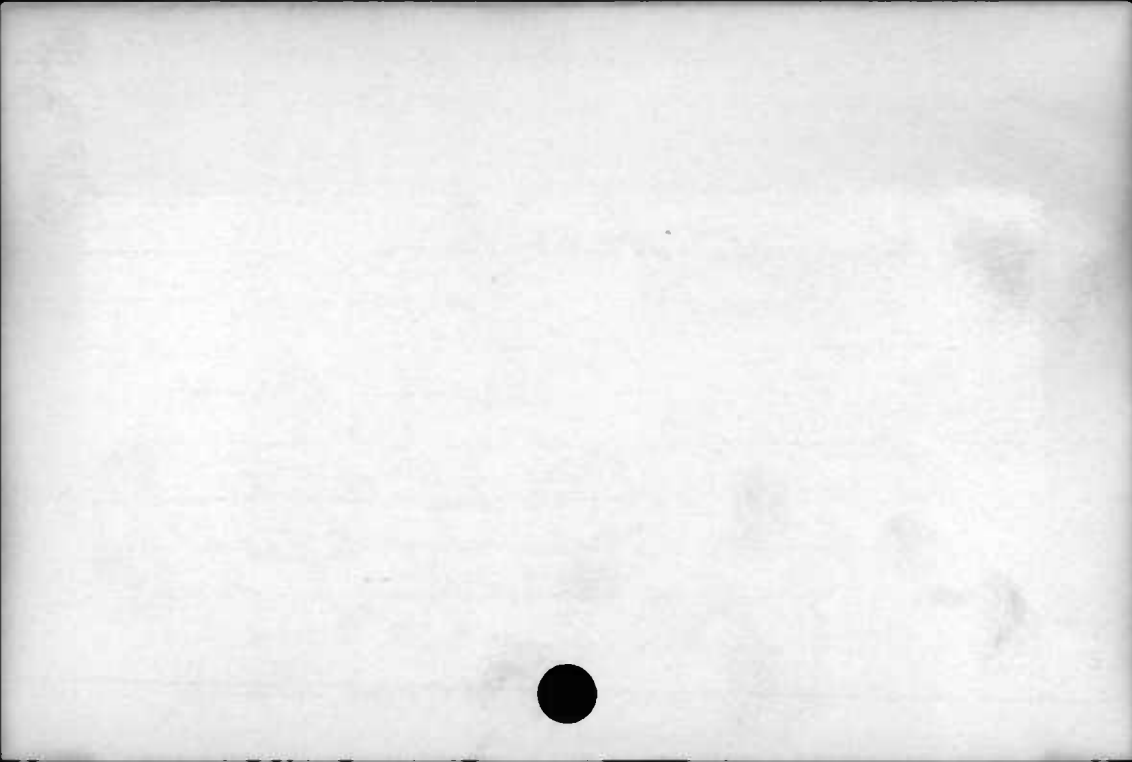
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>7</i>	Age <i>42</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Heidelberg Hawkins</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Jane</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Heidelberg Hawkins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Chappelle M.D.</i>
	Address <i>Keyhoeville Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Henrietta Hawkins

Town

Glynn

County

Charles

MARYLAND

Died at

Date 1902

Month

8

Day

22

Age

Y.

M.

D.

Native of

Ind

Occupation

Mfr

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Senile Degeneration

How long sick

2 Years

Death

Immediate

Cardiac Dilation Failure

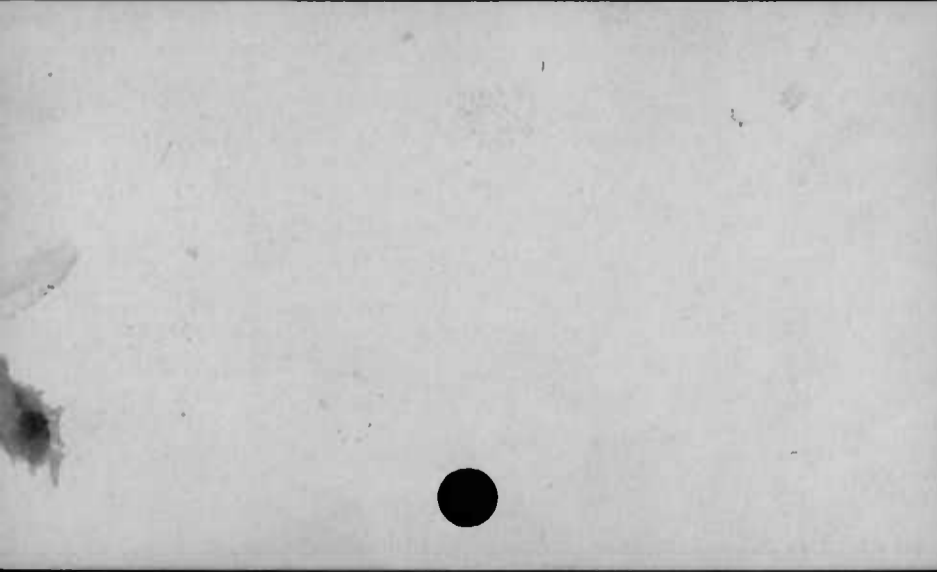
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at *Pinevichy* Town *Wilkes* County *Wilkes* MARYLAND
 Date *1902* *Aug 27* Month Day Y. M. D. *Wilkes* Native of *Ill* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widow* Number of children living

Husband of _____
 Wife _____
 Father's Name *John Jones* Mother's Name *Willie Johnson*
 Cause of Death { Primary *Still Born* How long sick _____
 Immediate _____ Accident, Suicide, Homicide

Reported by *J. W. Mitchell M.D.*
 Address *Pinevichy Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Georgianna King
 Town County

Died at near Faulkner, Chas Co MARYLAND

Date 1902 Aug 4 Month Day Y. M. D. Age 22-10- Native of Md. Occupation House Laper.
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name Henry King Mother's Maiden Name Sarah Jane King

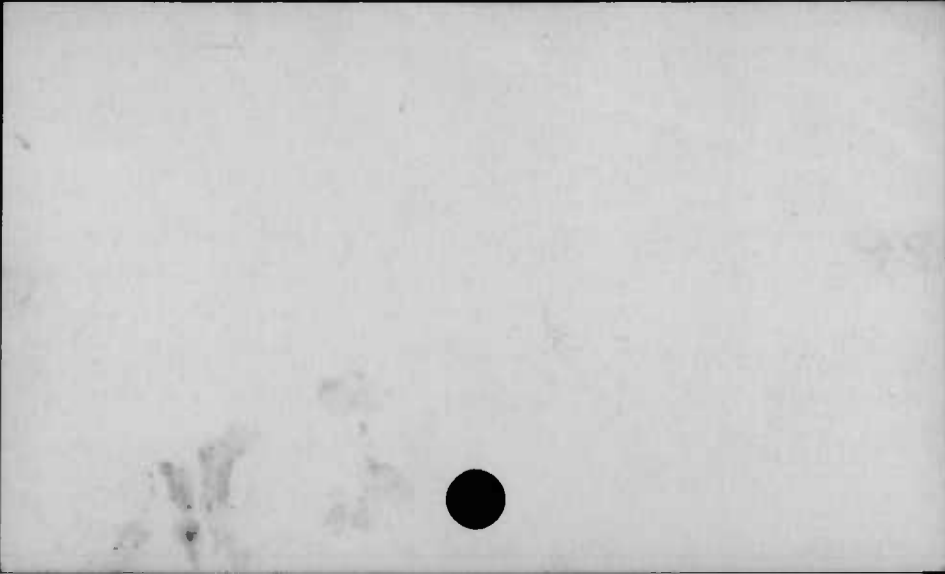
Cause of Death { Primary Not known How long sick 2 years 1
 Immediate Consumptive Lung Accident, Suicide, Homicide

Reported by C. H. Reese

Address Faulkner, Md. 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Elizabeth E. Lamson
 Town County

Died at *New Town* *Charles* MARYLAND

Date 19*02* *August* *9* Age *— — 21* Native of *Charles Co. Md.*
 Minute *White* ~~Mixed~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* *Widower* *Number of children living*

~~Husband~~ of

~~Wife~~

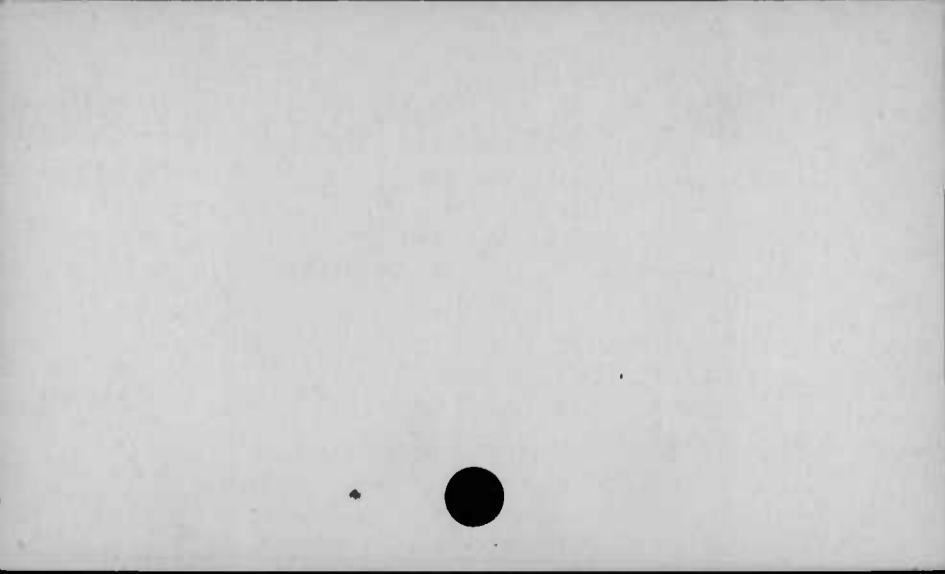
Father's Name *E. L. Lamson* Mother's Maiden Name *Sarah E. Lamson*

Cause of Death { Primary Immediate *Cholera Infantum* How long sick *7 days*
 Accident, Suicide, Homicide

Reported by *Peter W. Rohy* *105*

Address *Pil attin* *M. d.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant - Child of Jos Macker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County

Died at Brunswick Charles

MARYLAND

Date of death 190 2 Month 8 Day 12 Age — Years — Months 6 Days —

Sex Male Color or Race Negro Birth-place Ind

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name Jos Macker Father's Birthplace Ind

Mother's Maiden Name Ellen Shieart Mother's Birthplace Ind

Name of person giving information John K Toye How related to deceased Nom

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malaria How long 1 mo.

Immediate Enteritis How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. C. Chappelen M.D.

Address Highville Ind

Accident or Suicide? ✓



Name
in
Full

Luisa Mankins

CERTIFICATE OF DEATH

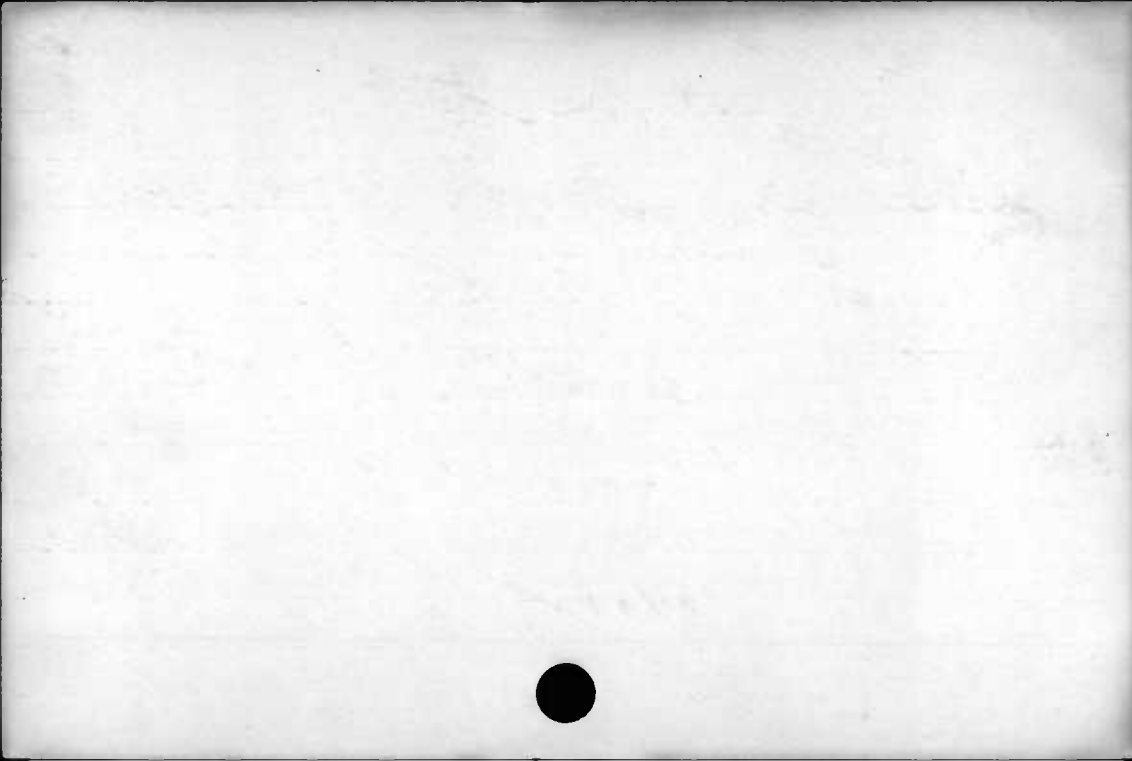
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near Graytown		Town		Charles		County		MARYLAND		
Date of death 190		2	Month	Aug	Day	19	Age	Years	Months	7	Days	20
Sex		female		Color or Race		B		Birth-place		Charles		
Married Single or Widowed		Single		Occupation		/						
Name of Wife or Husband												
Father's Name						Eley Mankins						
Father's Birthplace						Md						
Mother's Maiden Name						Jane Limes						
Mother's Birthplace						Md						
Name of person giving information						William Bell 179						
How related to deceased						3rd Cousin						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		had Trench when little and		How long		Ever Since Born	
Immediate		never gotten over it		How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				No Dr in attendance			
				Address			
				at the time of death			
Accident or Suicide?							



Name
in
Full

Cecilia Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Strookpark</i>		Town <i>Strookpark</i>		County <i>Cheass</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>35 (about)</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cheas Co Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>John Middleton</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Neelin Matthews</i>				Mother's Birthplace <i>Cheas Co Md</i>			
Name of person giving information <i>John Middleton</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>about 5 mos.</i>
Immediate <i>Exhaustion & Cardiac Comp.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Given</i>	Signature of Physician <i>C. L. Cecil</i>
<i>as stated by applicant</i>	Address <i>Strookpark</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

Maurice Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomfret</i> Town			County <i>Charles</i>			MARYLAND		
Date of death 190 <i>2</i>		Month <i>Aug</i>	Day <i>11</i>	Years <i>8</i>		Months <i>15</i>		Days <i>15</i>
Sex <i>Male</i>		Color or Race <i>Caucasian</i>			Birth-place <i>D. C.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>				
Name of Wife or Husband <i>— — — — —</i>								
Father's Name <i>William Payne</i>						Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Carrie Benson</i>						Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Lamb. Beale</i>						How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chol. Colitis</i>		How long <i>About 20 months</i>
Immediate <i>Convulsions</i>		How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		Signature of Physician <i>J. W. Mitchell M.D.</i>
		Address <i>Pomfret Ind.</i>
Accident or Suicide? <i>No</i>		



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband
of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

L. Ellen Smart

Town

County

Died at *Nanjemoy**Charles*

MARYLAND

Date 189*2* *Aug 26* Month *Aug* Day *26* Y. *5* M. *—* D. *—* Native of *md* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of child ~~—~~ so living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

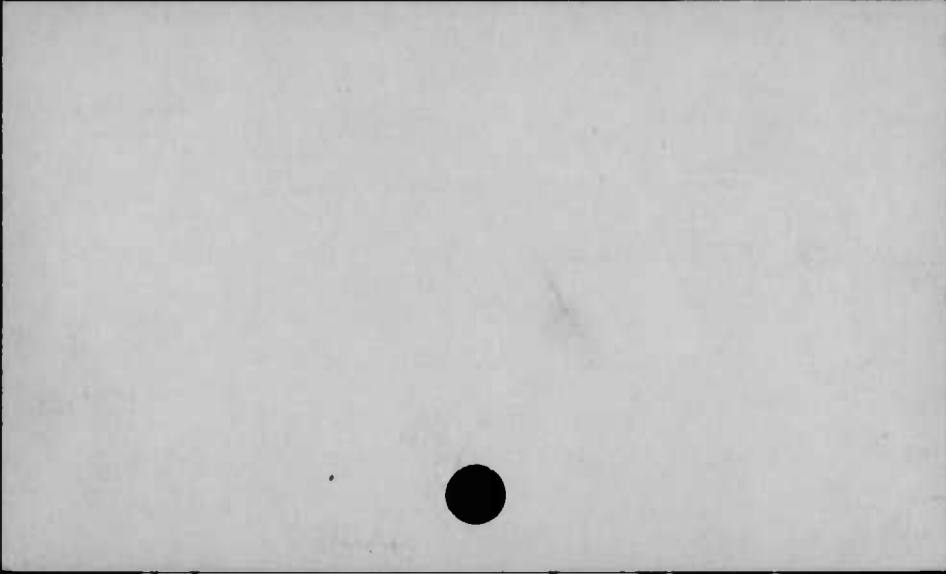
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name in Full

Certificate of Death

Winfield Smoot

Town

County

Died at Walnut Hill

Charles

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Aug	22	49	-	-	Maryland	Farmer
Male	White	Married	Widow	Barren			
Female	Colored	Single	Widower	Number of children living			

Husband
of
WifeFather's
Name Theophilus SmootMother's
Name Amelia Harrison

Cause of { Primary Melancholia

How long sick

Death { Immediate

Accident, Suicide, Homicide

Reported by Zack R Morgan

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pearl Stewart

Died at <i>Bundick</i> Town		<i>Columbia</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>16</i>	Age <i>1</i> Years	Months <i>4</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Ma</i>		
Married, Single or Widowed <i>-</i>			Occupation		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Jos. Stewart</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Mack</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving Information <i>Jos Stewart</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Fever</i>	How long <i>2 weeks</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. C. Chapman Md</i>
	Address <i>Dr. C. Chapman Md Hugsville Ma</i>
Accident or Suicide?	



Name
in
Full

Elma Hazel Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indian Head</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>13</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Single</i>	Occupation				
Name of Wife or Husband <i>None</i>					
Father's Name <i>Andrew B. Sullivan</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary E. Abell</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>A. B. Sullivan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infusion</i>	How long <i>24 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Wilkins</i>
	Address <i>Pennocky Ind</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Augustin Swan

Town

Charles

County

Died at Bel allen

Charles

MARYLAND

Date 1902 August 30

Month

Day

Age

5

Native of

M.d.

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Father's
Name

Henry Swan

Mother's

Maiden Name

Mary E. Proctor

How long sick

Cause of Primary

Thrush

5 days

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by

Henry Swan Father

Address

Bel allen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mary Anne Thompson

Died at

Town
PocomokeCounty
Cecil

MARYLAND

Date 189Z

Month Day

Aug 7

Age

Y. M. D.

9

Native of

Md

Occupation

~~Male~~
Female

White

~~Colored~~

Married

Single

Widow

Widower

Divorced

Number of children living

None

Husband
of

Wife

Father's
Name

William Thompson

Mother's
Name

Kate Thompson

Cause of

Primary

How long sick

Death

Immediate

Cholera Infantum 105

Accident, Suicide, Homicide

Reported by

Samuel L. Lacy

Address

Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Waring Jr

Town *Pennock* County *Stearns*

MARYLAND

Died at *near Pennock*
Date of death 190 *2* Month *Aug* Day *28* Age *23* Years Months *4* Days

Sex *Male* Color or Race *White* Birth-place *- Ind. -*

Married, Single or Widowed *Single* Occupation *Student*

Name of Wife or Husband *— — — — —*

Father's Name *John W. Waring* Father's Birthplace *- Ind. -*

Mother's Maiden Name *Mary J. Mills* Mother's Birthplace *- Ind. -*

Name of person giving information *B. H. Branner* How related to deceased *Uncle*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

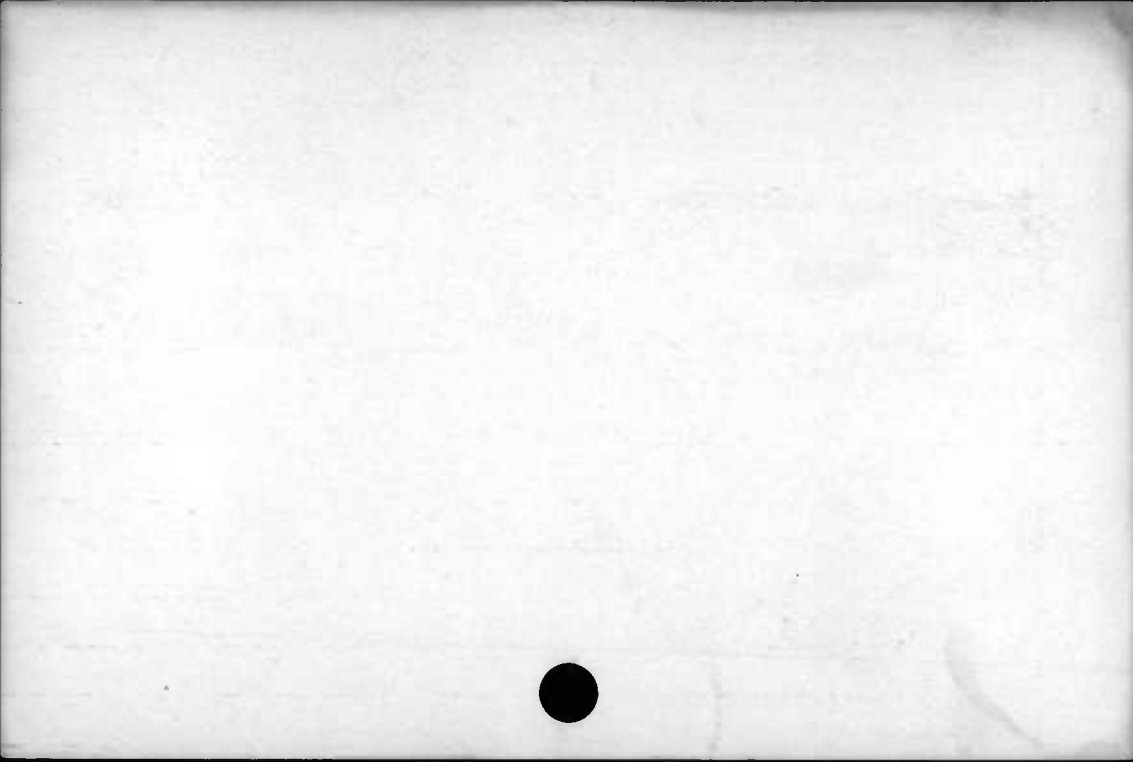
Primary *Typhoid Fever* How long *Two weeks*

Immediate *Heart weakness* How long *—*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. W. Mitchell*

- Yes - Address *Pennock Ind.*

Accident or Suicide? *No*



Name
in
Full

Mary Agnes Nathan

CERTIFICATE OF DEATH

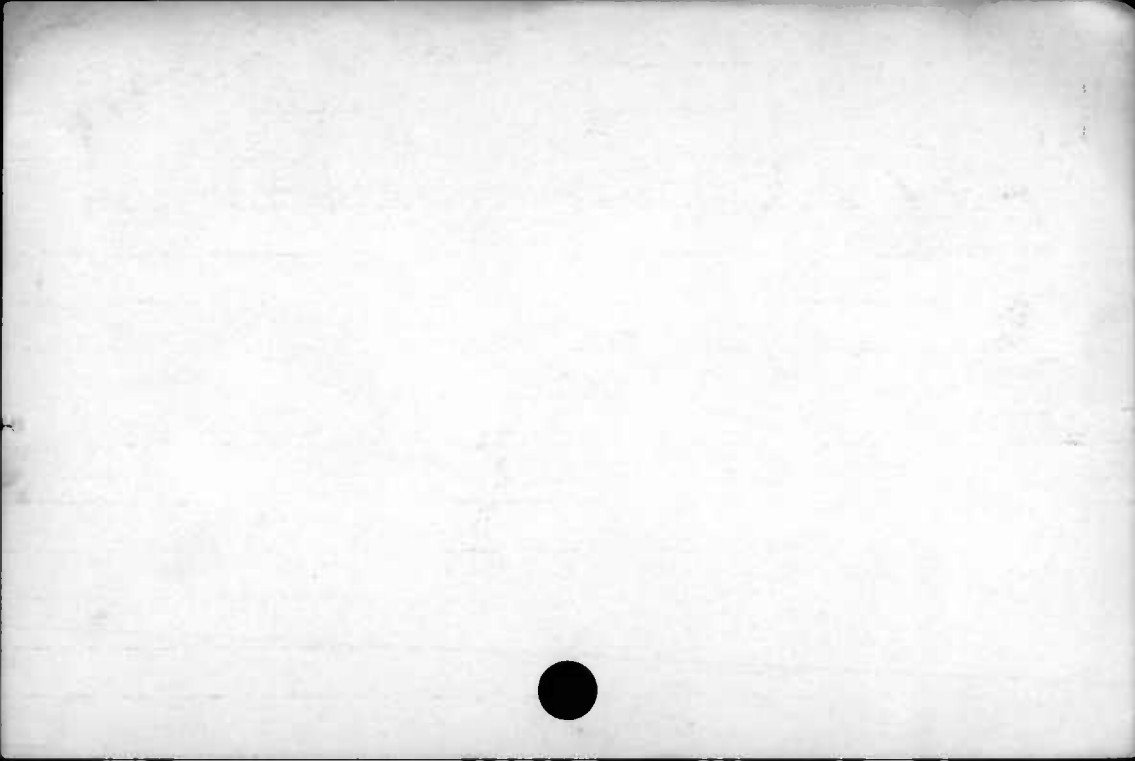
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newport</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>—</i>	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles Co Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James M. Nathan</i>			Father's Birthplace <i>Charles Co Md</i>		
Mother's Maiden Name <i>Chloe Herbert</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>James M Nathan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Macarism</i>	How long <i>7 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Cecil</i>
	Address <i>Newport</i>
Accident or Suicide? <i>—</i>	<i>Med</i>



Name
in
Full

Mary Frances Willett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near White Plains</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death 190 2	Month <i>August</i>	Day <i>28</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>				
Married, Single <i>Widow</i>			Occupation <i>Lady</i>				
Name of Wife or Husband <i>Hezekiah Willett</i>							
Father's Name <i>Francis Montgomery.</i>			Father's Birthplace <i>Chal Co, Md.</i>				
Mother's Maiden Name <i>Rebecca Montgomery.</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving In formation <i>Miss Jennie Willett</i>			How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chrip</i>	How long <i>Three days</i>
Immediate <i>Heart Failure</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Ovelton Monro</i>
	Address <i>Waldorf, Md.</i>
Accident or Suicide?	



John Baptis Wiles

Town

County

Died at

Bel Air

Charles

MARYLAND

Date 1902

Month Day

Aug 19

Y. M. D.

Native of

Occupation

Age

6 -

Maryland

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Phil Reed Wills

Mother's

Maiden Name

Louise Bowling

Cause of

Primary

Marasmus Infantile

How long sick

5 weeks

Death

Immediate

Cerebral 105

Accident, Suicide, Homicide

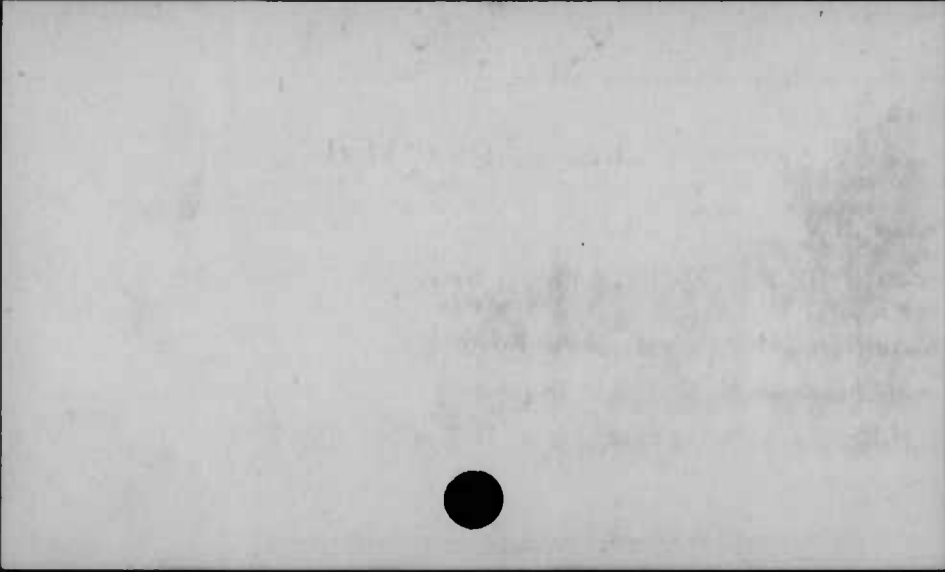
Reported by

F. J. W. W.

Address

Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellen Worthington

Town

County

Died at

New La Plata

Charles

MARYLAND

Date 19

August 7, 1902

Age

49. 07. 17

Native of

A. C. Md

Occupation

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

B. B. Worthington

Mother's

Maiden Name

Margaret Worthington
Margaret Seelman

Cause of

Primary

Typhoid Fever

How long sick

about 4 weeks

Death

Immediate

Heart Failure

Accident, ~~Suicide~~, Homicide

Reported by

Thos. S. Owen M. D.

Address

La Plata, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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